



Lisa Madigan
Attorney General • State of Illinois
Disability Rights Bureau
ACCESSIBILITY COMPLAINT FORM

DATE: _____

INFORMATION ABOUT YOU

Your Name (you can file anonymously if you wish):

Day Telephone No.:

Address:

City:

County:

State:

Zip Code:

FACILITY

Name of Facility:

Telephone No.:

Address of Site:

City:

County:

State:

Zip Code:

NATURE OF COMPLAINT(S)

Check the following section(s) that do not comply with the code and explain the nature of the complaint:

☐ PARKING:

☐ WALKS AND SIDEWALKS:

☐ CURB RAMPS:

☐ PEDESTRIAN RAMPS:

<input type="checkbox"/>	ENTRANCES:
<input type="checkbox"/>	DOORS AND DOORWAYS:
<input type="checkbox"/>	CORRIDORS AND AISLES:
<input type="checkbox"/>	PASSENGER ELEVATORS:
<input type="checkbox"/>	STAIRS:
<input type="checkbox"/>	BATHROOMS:
<input type="checkbox"/>	WATER FOUNTAINS:
<input type="checkbox"/>	PUBLIC TELEPHONES:
<input type="checkbox"/>	CONTROL AND LIGHT SWITCHES:
<input type="checkbox"/>	SIGNS AND IDENTIFICATION:
<input type="checkbox"/>	WARNING SIGNALS AND HAZARDS:
<input type="checkbox"/>	ADDITIONAL REQUIREMENTS:

Return to:

LISA MADIGAN, ATTORNEY GENERAL
 DISABILITY RIGHTS BUREAU
 100 WEST RANDOLPH, 11TH FLOOR
 CHICAGO, ILLINOIS 60601

OR

LISA MADIGAN, ATTORNEY GENERAL
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 500 SOUTH SECOND STREET
 SPRINGFIELD, ILLINOIS 62706